PART B - FEE(S) TRANSMITTAL

| Complete and send the | nis torm, togeraer wij | applicable re | e(s), to: <u>Mail</u> | Commissioner fo | or Patents | |
|--|--|------------------------|---|---|--------------------------------|------------------------|
| | 400 | P P3\ | | P.O. Box 1450 Alexandria, Virg | inia 22313-1450 | |
| | APR 2 0 2 | 006 | or <u>Fax</u> | (571) 273-2885 | | |
| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Pater advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | |
| · CURRENT CORRESPONDENC | E ADDRESS (Note: Use Block*I for | any change of address) | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying | | | |
| 00909 7590 01/20/2006 | | | | papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| PILLSBURY WINTHROP SHAW PITTMAN, LLP P.O. BOX 10500 MCLEAN, VA 22102 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| 04/21/2006 JBALINA2 00000016 033975 10735847 | | | | transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name) | | |
| 01 FC 1501 1400.00 DA | | | | (Signature) | | |
| 02 FC:1504 300.00 DA 03 FC:8001 15.00 DA | | | | (Date) | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVE | | NTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/735,847 | 12/16/2003 Pertrus Rutgerus B | | | rtray | 081468-0307226 | 3169 |
| TITLE OF INVENTION: LITHOGRAPHIC APPARATUS AND DEVICE MANUFACTURING METHOD | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | E P | UBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | - T | \$300 | \$1700 1 | 04/20/2006 |
| EXAMINER | | ART UNIT | r į (| LASS-SUBCLASS | J | |
| NGUYEN, HUNG 2851 355-053000 | | | | | | |
| "Fee Address" indicat PTO/SB/47; Rev 03-02 of | e address or indication of "Fo dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use | Correspondence | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is | | | |
| Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| ASML NETHERLANDS B.V. VELDHOVEN, THE NETHERLANDS | | | | | | |
| Please check the appropriate | assignee category or catego | ries (will not be prin | nted on the patent) : | ☐ Individual 🖰 C | orporation or other private gr | roup entity Government |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | |
| ☐ Issue Fee ☐ A check in the amount of the fee(s) ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO- | | | | | | |
| | | | | hereby authorized by charge the required fee(s), or credit any overpayment, to mber 03-3975 (enclose an extra copy of this form). | | |
| | | | Deposit Account N | mber 03-397. | (enclose an extra | copy of this form). |
| 5. Change in Entity Status a. Applicant claims SN | (from status indicated above MALL ENTITY status. See | , | b. Applicant is r | o longer claiming SMA | LL ENTITY status. See 37 (| CFR 1.27(g)(2). |
| The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco | is requested to apply the Issuublication Fee (if required) words of the United States Pate | | | | | ·-· · · · |
| Authorized Signature | | | Date April 20, 2006 | | | |
| Typed or printed name <u>Emily T. Bell</u> | | | Registration No. <u>47418</u> | | | |
| This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduct | 1 130. | | | | | |

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.